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ABSTRACT

This paper offers documents from and descriptions of a collaborative project in clinical placements of student nurses in nursing homes as part of a nursing education program. The original project participants were the College of Nursing at the University of Massachusetts/Boston (UMass/Boston); the division of Nursing at the University of Massachusetts/Amherst, and the Massachusetts Long Term Care Foundation, an education and research arm of the Massachusetts Federation of Nursing Homes. Individual sections address: (1) the need for nurses in institutions providing long term care, long term care facility in Massachusetts, and a comparison of acute care and long term care facilities; (2) university linkages with nursing homes (choosing a placement site, facility objectives); (3) gerontological nursing/long term care in the undergraduate nursing curriculum (curriculum overview of UMass/Boston College of Nursing Baccalaureate Curriculum); (4) clinical placements (placement and description of two projects for clinical students); (5) gerontological nursing/long term care in the graduate nursing curriculum (curriculum overview, course outlines); (6) graduate clinical placements; (7) resolving problems; and (8) impacts of clinical placement on students at various levels and four recommended curriculum guides. (JB)

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PREPARING NURSES TO CARE FOR THE ELDERLY:

CLINICAL PLACEMENTS IN NURSING HOMES

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College of Nursing, University
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with
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"This has been a good experience. At this nursing home, I have learned that resident care and quality of life is a priority. There is a strong philosophy here that this is the residents' home and the staff treats residents with affection and respect...This experience in a long term care facility is crucial because here is the most rapidly growing part of our population. This is our future and we all need to take an interest in it."

A Senior Nursing Student
After a Nursing Home
Clinical Placement

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Peter Gordon
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Lyn Keithline, B.A.

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William Neth, Program Officer

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INTRODUCTION

The urgent need for well-prepared nurses in long-term care facilities was the impetus for a collaborative project in nursing education involving the College of Nursing at the University of Massachusetts/Boston; the Division of Nursing at the University of Massachusetts/Amherst, and the Massachusetts Long Term Care Foundation. The Foundation is the education and research arm of the Massachusetts Federation of Nursing Homes, the State's largest long term care provider organization representing 750 nursing and rest homes. Funded under Title IV of the Older Americans Act, as amended, the project had the following objectives:

* To develop curriculum content and materials for schools of nursing that provides a positive introduction to long term care and prepares nurses to respond to the unique needs of older people.

* To cooperate with nursing homes in providing clinical experiences for nursing students which prepares them to care for frail elders and which fosters interest in nursing home employment.

* To disseminate materials developed by the Grant's participants.

This report of Grant outcomes is designed to assist schools of nursing and nursing homes in the development of similar projects.

The Need for Nurses in Long Term Care

Population trends indicate an increasing need for well-prepared registered nurses in long term care facilities. The fastest growing population group in the United States is that 85 and older. By the year 2000, it is projected that 5.1 million people will be 85; and, by the year 2030, 8.8 million (or 33% of the over 65 population) will be 85 or older (see Figures 1 & 2).

It is the group of elders over 85 that is most at risk for institutionalization and requires increasing amounts of functional assistance (see Figure 3). Twenty to twenty-five percent of those over 85 will be in a nursing home at some time. The nursing home population will be frailer and sicker than in the past, discharged earlier due to cost containment efforts, and requiring more complex care. There is a need for nursing staff who can meet the physical and psychosocial needs of the nursing home resident and his/her family, to teach and supervise other staff, and to create an environment which encourages maximum function and rehabilitation, enhances the quality of life and provides for a dignified death.

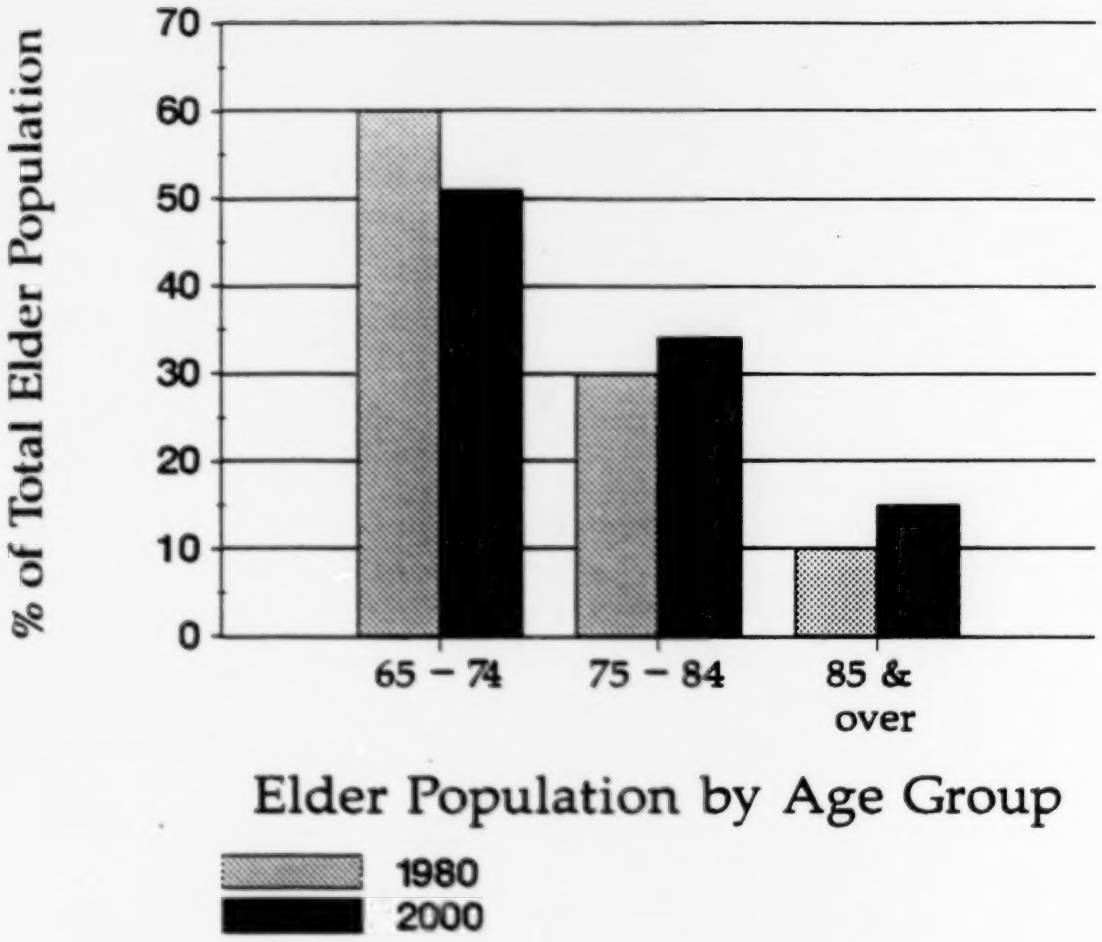
As the national nursing shortage intensifies and the population 85+ continues its explosive growth, the crisis in long term care nursing becomes more critical. Massachusetts, similar to other states, is experiencing a shortage of professional nurses.

Massachusetts ranks tenth in the nation in the proportion of elderly, with the number of individuals 85+ most likely to require nursing home care expected to increase 30% by 1995 and 80% by 2005. The State's 550 nursing homes represent the second largest sector of the Massachusetts health care industry, employing 20% of all health care workers. Together these public, non-profit and proprietary long term care facilities are home to more than 50,000 residents. With a nursing home occupancy rate of 97-98%, the long term care industry is experiencing a growing bed shortage.

The typical nursing home resident in Massachusetts is female, in her eighties, suffering from three or four chronic conditions, and without immediate family. About 95% of all residents need help with the activities of daily living, and approximately 30% are non-ambulatory. In the nation as a whole, it is estimated that 55-80% of all nursing home residents suffer from some form of cognitive impairment.

FIGURE 1

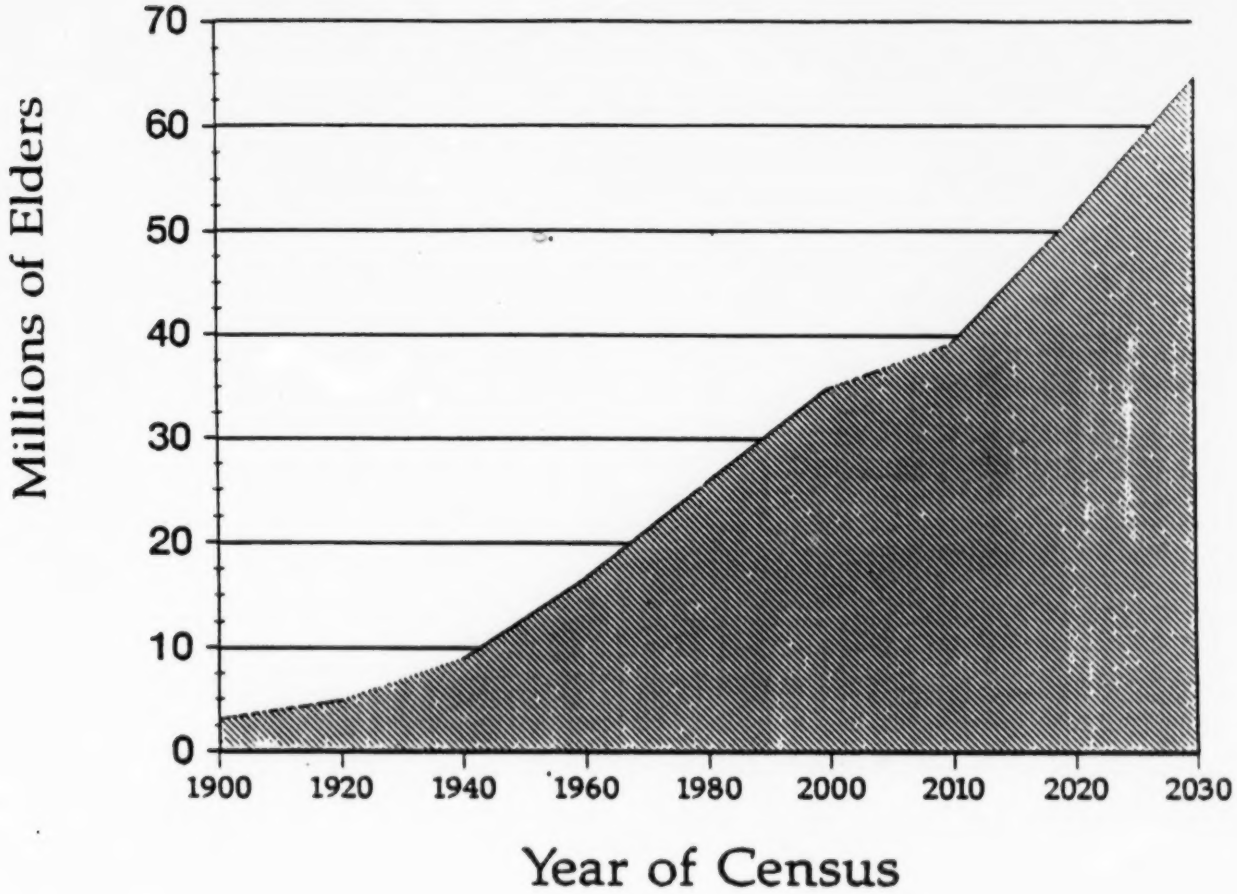
Change in Elderly Population from 1980 – 2000



Based on data from the Social Security Administration

FIGURE 2

Number of Persons 65+ 1900 to 2030

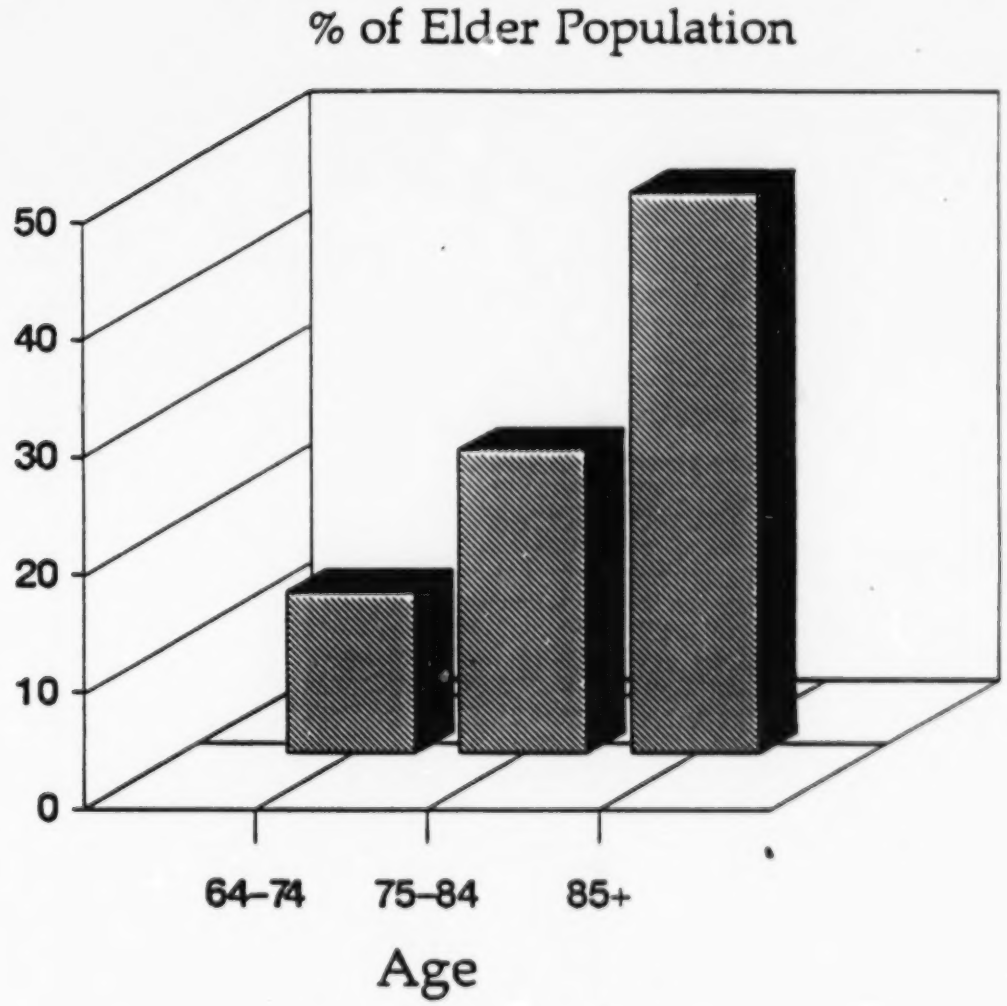


NOTE: Increments in Years on Horizontal Scale are Uneven.

Based on data from U.S. Bureau of Census

FIGURE 3

Percent of Elder Population Needing Functional Assistance by Age: 1982



Based on Data from U.S. Department of Health and Human Services

HANDOUT

A LONG TERM CARE FACILITY IN MASSACHUSETTS

A long term care facility is a nursing center for people of all ages - with an emphasis on quality of life. It is for those who expect to recover fully as well as for those who need indefinite long term care.

Massachusetts nursing homes are licensed by the Commonwealth and are staffed by trained professionals who provide the infirm elderly, the convalescent, and the chronically ill with essential health and social services. These services are provided in accordance with standards designed to assure individualized quality care. The standards in Massachuetts are generally acknowledged to be among the highest in the country.

LEVELS OF CARE

Long term care facilities are licensed to provide different levels of nursing care. Facilities may offer more than one level of care for patients with varying disabilities. The levels are:

SKILLED NURSING FACILITIES (SNFS) providing skilled nursing services on a 24-hours basis. Registered nurses, licensed practical nurses and nurses' aides provide services prescribed by the patient's physician. Emphasis is on medical and restorative nursing care along with physical, occupational and other therapies. This type of facility can participate in both the Medicare and Medicaid programs.

INTERMEDIATE CARE FACILITIES (ICFS) providing regular medical, nursing, social, and rehabilitative services in addition to room and board for people not capable of independent living. This type of facility may be certified for the Medicaid program.

RESIDENTIAL CARE FACILITIES providing sheltered living to individuals capable of "functional independence". The residential care facility stresses the social needs of the "resident", rather than the medical needs of the "patient" as in SNF's and ICF's. Residents received dietary and housekeeping services, medical monitoring, and social, recreational and spiritual opportunities. These services relieve the "functionally independent" person of the anxieties of old age or disability, allowing a fuller, more productive life.

prepared by Sharon Acker,
Lyn Keithline

The Nursing Home: A Resource for Nursing Education

Nursing homes, like hospitals, are good places for nurses to learn and practice professional skills. They have been largely overlooked as clinical placement sites by nurse educators, who have considered them to be outside the health care delivery mainstream and to offer few positive learning experiences or nursing role models. We at the University of Massachusetts College of Nursing have found, to the contrary, that nursing homes make excellent placement sites for nursing students at all levels.

In addition to enabling students to acquire general nursing skills, nursing home placements help interest and prepare nurses for careers working with the elderly in long term care and other settings. Our own experience and a review of the literature point to positive clinical experiences in nursing homes as the most helpful activities in fostering greater interest in nursing home employment and in developing the required skills and attitudes in gerontological nursing.

* Nursing homes are places of major nursing responsibility. Nursing care is the primary need of most nursing home residents. The major emphases in health care of this population are functional problems, which are in the realm of nursing assessment and management.

* Nursing homes offer students an opportunity to play a multi-faceted nursing role. Long term care nurses can provide direct patient care, supervise and coordinate the care rendered by others, work with residents' families, teach residents and staff, manage personnel, work with community agencies, initiate group activities to meet resident needs, conduct research, and evaluate quality of care.

* Nursing homes provide a very challenging patient care experience. Far from being custodial in nature, the nursing care required by residents with multiple social, physical and psychological problems is complex and rehabilitative, growing ever more so as the long term care population becomes older and frailer. Students confront important issues of death and dying, and provide comfort for elders and their families.

* Nursing homes offer an environment conducive to the acquisition of patient care skills. The pace of these institutions is somewhat slower than in acute care settings, the residents present a wide spectrum of problems requiring nursing intervention, and the census is more stable allowing students to follow their patients for longer periods of time.

HANDOUT

COMPARISON OF ACUTE CARE AND LONG TERM CARE

ACUTE CARE HOSPITAL	LONG TERM CARE FACILITY
The patient/resident is:	
* more dependent	* more independent
* in a passive role	* in an active role
* acutely ill or in need of special services	* chronically ill or in need of skilled nursing care
* seen daily by a physician	* seen occasionally by a physician (usually monthly)
* admitted for days	* admitted for weeks, months, years
* less concerned with social and recreational needs	* more concerned with social and recreational needs
The treatment is:	
* related to the reason for admission (injury, disease, etc.)	* related to multiple problems, including psychosocial.
* "cure oriented"	* aimed at rehabilitation, restoring and maintaining well-being
Nursing Assistants:	
* have responsibility for fewer patients	* have responsibility for more residents
* have less freedom to help plan patient care	* have more freedom to help plan patient care
* perform many technical skills	* perform fewer technical skills
* give limited rehabilitative nursing care, little to do with patient's personal life and psychosocial problems	* perform more rehabilitative nursing care and deal more with residents' personal live and emotional problems
* usually not required to have training/ certification for acute care hospitals	* required in some states to have special training/ certification for LTC facilities
* have many supporting personnel available in the hospital	* have few supporting personnel available in the LTC facility

Will, C., et al (1986) Being a Long Term Care Nursing Assistant. Brady Communications Co., Inc.; A Prentice Hall Publishing Co., Bowie, Md. p 3, table 1-1.

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SECTION I

UNIVERSITY SCHOOL OF NURSING - NURSING HOME LINKAGES

We have found that collaborating with local nursing homes on student education brings us both closer to our common goal of improving resident care. Yet, because long term care facilities and university schools of nursing are unfamiliar partners with different missions,time, energy, and commitment are required to establish good working relationships, plan and implement mutually beneficial clinical experiences, and resolve problems through ongoing communication.

Choosing a Placement Site

Long term care "complexes", Ashmont Manor/Neponset Hall (Long Term Care at Neponset) in Dorchester, Massachusetts, and John Scott and Colonial Nursing and Rehabilitation Centers in Braintree and Weymouth, Massachusetts, served as placement sites for our undergraduate nursing students. Graduate student clinical placement was at the Northhampton Nursing Home in Northhampton, Massachusetts. Additional nursing homes participated in the original grant planning group, welcomed student visits, and served on a project advisory committee along with experts in gerontology and representatives from nursing schools and homecare agencies.

Long Term Care at Neponset includes two separate intermediate care facilities located in close proximity. Like the majority of American nursing homes, they are privately owned, profit-making facilities with the same owner. Ashmont Manor has 77 beds and Neponset Hall has 98. The average resident in both homes is 85 years of age, female, and Caucasian. Ninety percent of the residents are covered by the Medicaid program.

John Scott and Colonial Nursing and Rehabilitation Centers are two, multi-level skilled nursing and intermediate care facilities with the same private ownership. John Scott has 200 beds, while Colonial has 211. The facilites house adult day care, childcare for nursing home employees, and an affiliated homecare agency. The owner also operates nearby senior housing.

Northhampton Nursing Home, under private ownership, is a skilled and intermediate care facility with 164 beds; 41 pediatric extended care; and, 82 for elderly.

When our plan to work with area nursing homes was announced in the Massachusetts Federation of Nursing Homes Newsletter, we received requests to serve as placement sites from facilities throughout the state. Long Term Care at Neponset,John Scott & Colonial, and Northhampton Nursing Home were selected for participation in the project at the Federation's recommendation and after site visits by faculty and meetings with facility management. Among the characteristics of the complexes contributing to project success were:

* Owner/administrators with vision who appreciated the need to interest and train nurses for careers in long term care, and who were willing to devote the resources of thei facilities to a project aimed at the long term solution of an already severe labor shortage. Administrators were receptive to innovation and eager to have their facilities be in the forefront of nursing home care.

* Adequate staffing and exemplary care in a home-like environment. We wanted our students to see nursing home care at its best so that they would learn to "do things right" and come to appreciate the challenge and reward of a career in long term care. We were also concerned that nursing homes with pressing recruitment and retention problems might look to the student nurses to lighten the care burden of over-worked staff. While benefiting the facilities in other ways, project participation actually added to the responsibilities of certain key staff.

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* Employees qualified to serve as clinical instructors and project preceptors. Although our original goal had been to award faculty appointments to masters-prepared nursing home staff willing to teach and supervise our students during their clinical placements, master's prepared nurses are a rarity in long term care facilities. We worked out other equally satisfactory arrangements with the homes. At John Scott and Colonial, two on-site Staff Development Coordinators worked closely with University faculty to supervise student clinical experiences. They received partial salary support from the University to help offset their increased teaching responsibility. At Long Term Care at Neponset, on the other hand, the clinical instructor was a University faculty member who had previously been a geriatric nurse practitioner at the facility. A variety of nursing and other staff at the nursing homes served as preceptors for student projects and graduate placements, in consultation with nursing faculty.

After selecting the placement sites and identifying clinical instructors, University faculty and nursing home staff worked together to develop clinical experiences that would benefit the residents, meet course objectives and student educational needs, and provide a positive learning experience in long term care. An affiliation agreement was drafted, and its salient features were shared with the entire staff of all facilities through meetings and memoranda.

Regular meetings with the homes and ongoing dialogue, clarification, and compromise marked the 20- month grant period. Administrative nursing home staff, clinical instructors, and project preceptors attended a College of Nursing faculty meeting to describe their work, and faculty visited the homes to observe the placement program and to give in-service training. Other long term care institutions around the State were kept abreast of project developments through the Massachusetts Long Term Care Foundation Newsletter.

FACILITY OBJECTIVES FOR SERVING AS A

CLINICAL PLACEMENT SITE

1. To enhance the quality of life for the resident.

2. To increase the quality of services delivered to the residents.

3. To foster the development of positive attitudes towards gerontological nursing.

4. To actively participate in and with the community at large. (Networking)

   a. To increase community knowledge, enhance understanding and allay misconceptions or fears about the "aging process".

   b. To reinforce the growing concept that Nursing Homes are a part of the continuum of long term care services.

5. To solidify a relationship with the academic community.

   a. To enhance the esteem of both nursing home and individuals who choose to work within these facilities.

   b. To narrow the gap between the System devoted to the delivery of services to the frail elder and the System devoted primarily to the dissemination of knowledge.

Prepared by Sharon Acker,
Lyn Keithline

SECTION II

GERONTOLOGICAL NURSING/LONG TERM CARE IN THE UNDERGRADUATE NURSING CURRICULUM

Gerontological nursing does not yet receive sufficient emphasis in the nursing curriculum. Despite dramatic demographic shifts, schools of nursing are only beginning to teach their students about normal aging and about the pathological processes common in older adults. Few nursing textbooks address aging and long term care, and even textbooks used in gerontological nursing courses emphasize community and acute care issues of the elderly and make insufficient references to nursing homes.

Introducing any new content into the very full undergraduate nursing curriculum is difficult. Most nursing faculty feel that there is already too much material to cover and too little time to teach.

University of Massachusetts at Boston faculty were receptive to incorporating gerontological content and long term care concerns into the nursing curriculum, although there were no curricular objectives in this area in place at the start of the grant period. The College of Nursing Curriculum Committee played a key role in facilitating discussion of needed curriculum modifications and in drafting the following recommendations adopted by the full faculty in the Spring of 1988:

* To thread gerontological nursing throughout the undergraduate curriculum by making modest additions, primarily in emphasis, to existing course objectives at all levels. (Another option considered but ultimately rejected involved consolidating all gerontological nursing content into a separate course.) The Curriculum Committee assisted in formulating the new objectives and is helping to implement them by developing resources and appropriate teaching materials for faculty.

* To enhance faculty interest and preparation in gerontological nursing and long term care by encouraging the teaching staff to take advantage of continuing education offerings as well as existing expertise within the College of Nursing.

* To suggest that one of the two required Growth and Development courses be on aging. A required reference for second year students will be a recommended textbook on gerontological nursing for use throughout their undergraduate education.

Curriculum Overview

An outline of the University of Massachusetts/Boston College of Nursing baccalaureate curriculum for generic and R.N. students is presented below. Courses which now place greater emphasis on gerontological nursing and long term care are highlighted with an asterisk. Three of these courses also require clinical nursing home experience as noted. Newly adopted curricular objectives for classroom instruction and for clinical placements follow the curriculum outline. The nursing home placements are described in detail in Section III.

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University of Massachusetts at Boston
College of Nursing
Baccalaureate Curriculum Outline
(RN Completion)

Freshman Year

Course Title	Credits	Nursing Home Placements & Other Course Additions
Freshman Writing: I and II	3/3	
General Biology	4	
Introduction to Chemistry: I and II	4/4	
Introduction to Psychology	3	
Socio-Cultural Studies	3	
Nutrition	3	
Elective	3	

Sophomore Year

Course Title	Credits	Nursing Home Placements & Other Course Additions
Anatomy & Physiology: I and II	4/4	
Medical Microbiology	4	
Growth & Development Courses	3/3	Of the two courses required, one will be on aging. Students are required to buy a textbook on gerontological nursing to be used throughout the curriculum.
Pathophysiology*	3	
Elective	3	

Junior Year

Course Title	Credits	Nursing Home Placements & Other Course Additions
Health Assessment*	4	
Pharmacology*	3	
Electives	6	

Senior Year

Course Title	Credits	Nursing Home Placements & Other Course Additions
Nursing III & IV* (Community/ Mental Health)	10/10	Nursing Home Placement
Professional Issues	3	
Seminar In Advanced Nursing	3	
Electives	6	

*Courses which now place greater emphasis on gerontological content and long term care concerns.

University of Massachusetts at Boston
College of Nursing
Baccalaureate Curriculum Outline
Undergraduate Students

Freshman Year		
Course Title	Credits	Nursing Home Placements & Other Course Additions
Introduction to Nursing*	1	(See RN Completion for required courses)
Health Care Studies	1	

Sophomore Year		
Course Title	Credits	Nursing Home Placements & Other Course Additions
Foundations of Nursing*	3	Interview resident of a nursing home. (See RN Completion for required courses)

Junior Year		
Course Title	Credits	Nursing Home Placements & Other Course Additions
Nursing I & II* (Medical/Surgical - Adult/Child)	10/10	Nursing Home Placement
Health Assessment*	4	
Pharmacology*	3	
Electives	6	

Senior Year		
Course Title	Credits	Nursing Home Placements & Other Course Additions
Nursing III & IV* (Community/ Mental Health - Maternity/Advanced Medical Surgical)	10/10	Nursing Home Placement.
Professional Issues	3	
Seminar In Advanced Nursing	3	
Electives	6	

*Courses which now place greater emphasis on gerontological content and long term care concerns.

University of Massachusetts at Boston
College of Nursing Baccalaureate Program
Curricular Objectives in Gerontological Nursing
and Long Term Care

Course : Introduction to Nursing
Semester : One (Freshman Year)

Objectives for Classroom Instruction	Objectives for Clinical Placements
At the completion of this course, the student will: 1. Identify changing demographics and growth of the elderly population requiring increasing nursing care (a "challenge to nursing"). 2. Identify the nursing home and other long term care settings as part of the continuum of health care services and places of major nursing responsibility. 3. Identify ethical considerations in the care of the elderly.	None.

Course : Pathophysiology
Semester : One (Sophomore Year)

Objectives for Classroom Instruction	Objectives for Clinical Placements
At the completion of this course, the student will: 1. Identify physiological changes that occur as a normal part of aging and pathological processes common among the elderly.	None.

Course : Foundations of Nursing
Semester : One (Sophomore Year)

Objectives for Classroom Instruction	Objectives for Clinical Placements
At the completion of this course, the student will:	
1. Discuss special considerations in interviewing and communicating with elderly clients.	1. Demonstrate begining skills interviewing and frail elders in nursing homes, focusing on their positive coping abilities.
2. Identify methods of assisting frail elders with activities of daily living.	2. Demonstrate skills in assisting elders with activities of daily living.*
3. Identify health promotion and health maintenance needs of well elderly residents in the community.*	3. Assess health maintenance and health promotion needs of elderly residents in the community.*

*Not at present included in this course.

Course : Health Assessment
Semester : One (Junior Year)

Objectives for Classroom Instruction	Objectives for Clinical Placements
At the completion of this course, the student will: 1. Describe normal and pathological systems changes occurring in the elderly. 2. Describe special considerations in history taking and assessment of the elderly. Apply knowledge to the functional assessment of the elderly person.	None.

Course : Pharmacology
Semester : One (Junior Year)

Objectives for Classroom Instruction	Objectives for Clinical Placements
At the completion of this course, the student will: 1. Identify age changes that have implications for medication use by the elderly. 2. Describe the effects of medications upon the elderly client. 3. Describe special considerations in administering medications to the elderly.	None.

Course : Medical-Surgical Nursing
Semester : One (Junior Year)

Objectives for Classroom Instruction	Objectives for Clinical Placements
At the completion of this course, the student will:	
1. Describe the effects of hospitalization and institutional care on the aged.	1. Apply the nursing process to assist elders in adjusting to the health care setting, demonstrating skills in dealing with the confused or agitated elderly client.
2. Describe alterations in function in elderly clients related to, but not necessarily limited to: nutrition; fluid and electrolyte balance; skin care, cardiac, respiratory renal, neurological, and gastrointestinal problems; sensory deficits.	2. Utilize the nursing process as a framework to provide care to elderly clients in structured environments.
3. Describe the impact of loss, grief and separation upon the elderly client.	3. Develop nursing care plans which consider the impact of loss and grief.
4. Describe principles of rehabilitation and promotion of functional ability for the elderly client with multiple chronic/acute illnesses.	4. Apply principles of functional maintenance and restoration to the elderly client.
5. Describe nursing research relevant to nursing care of the elderly client.	

Course : Community and Mental Health Nursing
Semester : One Semester (Senior Year) (Two Semesters - R.N. Completion)

Objectives for Classroom Instruction	Objectives for Clinical Placements
At the completion of this course, the student will:	
1. Describe alterations in cognition and psychological changes found in the elderly population (i.e., depression, confusion, chronic mental illness, Alzheimer's Disease).	1. Apply nursing management skills to the care of a frail ederly nursing home resident with multiple physiological and psychological problems.
2. Analyze family structure and other supports available to the elderly person in the community and the institution.	2. Observe and analyze the structure and process of the organization or community setting which can facilitate good quality of life for the elderly person.
3. Describe counseling and group leadership skills useful in assisting individuals and groups of elderly clients.	3. Apply counseling and group leadership skills, with appropriate supervision, to assist individuals and groups of elderly residents and families to reach their maximum functional potential.
4. Analyze functional assessment tools appropriate for assessment of the elderly client.	4. Utilize functional assessment tools to evaluate health status of the elderly client.

Course : Community And Mental Health Nursing (Cont.)
Semester : One - Two (Senior Year)

Objectives for Classroom Instruction	Objectives for Clinical Placements
5. Analyze health policy regarding elder health care in the community and in the nursing home.	5. Observe and analyze aspects of the health care delivery system available to the elderly population (a continuum of care).
6. Describe discharge planning practice.	6. Develop discharge plans which facilitate care of the elderly person.
7. Discuss nursing research related to care of of the elderly in the community and the nursing home.	

SECTION III

UNDERGRADUATE CLINICAL PLACEMENTS

Studies concerning the relationship between clinical experience in a nursing home and student attitudes towards working with the aged are inconclusive about the best type of experience and the level of student most likely to benefit. Some studies indicate positive outcomes when students practice basic skills in the nursing home environment; others conclude that placement is more appropriate for senior students. A number of researchers have found the most favorable response to elder care when students are first introduced to the normal aging process and well elders in the community.

We believe that undergraduate students at all levels can benefit from nursing home placements and that a variety of positive experiences are possible at each level. With our participating long term care facilities, we developed a model of placements for sophomore and senior students, and began planning clinical experiences for students at the junior level.

Seniors, particularly the R.N. group, were targeted for the longest and most intensive training because older, more mature nurses have been found to be the most interested in long term care. More experienced nurses are also better able to appreciate and respond to the complex care needs of nursing home residents. By making a nursing home the students' last placement site before entering the job market, we hoped to have a greater impact on their ultimate career choice.

Clinical Placemements for Sophomore Year Students

In an earlier pilot program with Ashmont Manor/Neponset Hall, the nursing home was successfully used as a site to teach beginning students basic nursing skills including hygiene, transferring, positioning, and vital signs. Testing a different approach during the grant period, we asked sophomore students in Foundations of Nursing to interview an elderly nursing home resident using a structured interview instrument which emphasized the resident's strengths and coping abilities. This brief experience gave generic students just beginning their clinical work an opportunity to develop skills in interviewing and communicating with frail elders. It was intended as a positive encounter with a dependent older adult and an introduction to the world of the nursing home.

The students were given a semester to complete the interview. We required a three-five page paper summarizing interview findings and the students' reaction to the experience, as well as asking for a brief oral report in class.

The College of Nursing faculty arranged resident interviews at a number of local nursing homes. In a letter requesting permission for the interviews, we asked the facilities:

1. To select residents willing and able to share their experiences with a student.

2. To obtain each resident's written consent.

3. To designate a staff contact with whom individual students could schedule their visits.

The importance of selecting alert, well-adjusted elders for student interviews was emphasized.

Under consideration for the future is the use of acute and long term care settings as sites for the acquisition of skills in assisting elders with the activities of daily living.

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CONSENT FORM FOR SOPHOMORE INTERVIEW

Dear Charge Nurse:

The sophomore nursing students at the University of Massachusetts at Boston have been asked to interview a nursing home resident as part of their learning experience in their Foundations of Nursing Course. This assignment is designed to assist the student to assess the strengths of the elderly person, and thus will focus on those personal characteristics and experiences that the residents regard as positive. Would you assist us in this process by choosing a resident for interview who will benefit from the experience.

Thank you for your help.

- -

CONSENT FORM

_____has my permission to interview me
(Name of Student)

at_____.
(Name of Facility)

_____ _____
(Resident's Signature) (Date)

_____ _____
(Witness's Signature) (Date)

INTRODUCTION TO RESIDENT INTERVIEW

Strengths and Coping of Nursing Home Residents

Long term care, viewed from a continuum, is the provision of a broad array of services which may be community based, in the home, or in institutional settings. All of these settings will present a challenge to the provision of nursing care for the at-risk population, those who utilize the majority of nursing and medical care resources in the country.

> " People tend to think about growing old in terms of biological change, that is, in terms of physical loss or decline. Experience, however, tells us that understanding growing old only in terms of the body and its decline is to misunderstand the heart of the aging process itself. Humans cannot be explained or understood merely in terms of their bodies. Consider the example of a 97 year old woman who was fully alert but confined (because of broken hips) to a wheelchair. She was peaceful and acceptant and a delight to everyone. When asked how she managed to smile and stay relatively content, she replied gently, "It's my legs that are paralyzed, not my heart.". Or consider this conversation between two 80 year old

Introduction (Cont.)

> women who were sharing the difficulties of being wheelchair-bound and almost totally dependent. One woman said with a sigh, "It's a long trek", the other with empathy added, "and we've got to be strong to stand it.". An observer would know that she was referring to a strength other than physical and would sense that these two weak, elderly people were actually great and strong people. Their bodies were indeed in decline, but their courage and patience had grown and developed in spite of physical loss."

Futrell, et al. (1980) Primary Health Care of the Older Adult. North Scituate, Ma.: Duxbury Press, p. 232.

Objective

This project is designed to assist the student in assessing the strengths of an elderly person who resides in a nursing home.

Introduction

Listening to what the residents have to say about themselves and their lives in a nursing home is a crucial requirement in providing appropriate nursing. While some nursing home residents are unable to communicate easily with visitors due to severe physical and psychological disabilities, others are very eager to talk and to have someone listen to them. Their opportunities to communicate are often limited by the inexperience and shortage of staff, few or no family or friends and visitors, and the general reluctance and lack of interest in our society in what our oldest citizens have to say.

Strengths and Coping of Nursing Home Residents

Entering and living in a nursing home demands complex adjustments for the resident. The nursing home becomes the persons home where all needs--physical, psychological and social-- are to be met. This is a lot to be demanded of an institution. For some residents, the move was traumatic, involving grieving for many losses; for others, it was a relief from painful and frightening situations and isolation in which they could not care for themselves. We think of these frail elders as needy, weak, and chronically disabled, but often do not recognize that they may retain their memories, their personalities, their intelligence, and bring strengths to bear to this new life in the long term care institution.

These strengths can be in the physical dimension, utilizing whatever physical strengths they have and maintaining and improving function whenever possible; in the psychological dimension, utilizing memory and life review, maintaining a positive outlook towards life, coping with losses, maintaining a present orientation, and seeking small pleasures whenever possible; and, in the social dimension, developing and maintaining old and new social contacts, finding personal interests and activities, relating to others. Often these represent very small gains or opportunities which, however, can enrich the minute, the hour and the day of the residents' present living situation.

It is important to note that much will depend on what the actual situation has to offer. Although the present project will not be an assessment of the nursing home environment, the structure, staff and general environment play a major role in the possibilities open to the resident.

Interview Method

This interview will rely primarily on the residents own assessment of themselves--self-reporting. Arrange with the staff for a good time to visit and a suggestion as to whom to visit. Face the resident so she/he can see and hear you well. Be sure she/he is comfortable.

Strengths and Coping of Nursing Home Residents

Introduce yourself and the reason for your visit--an interest in what the resident of a nursing home thinks about her/himself, so that you can prepare to give good care to others in nursing homes. Assure the residents that what they say will be confidential and that the notes you take will be seen only by you and your instructor.

You will need to speak clearly and slowly. Deal with one thing at a time, and be patient if the resident is slow in responding or gets "off the track" (sometimes this is the most important part of the interview, so keep good notes).

Tell the resident at the outset how long you can stay. If the resident seems tired, cut the interview short, and if possible return at another time. If the resident wishes you to remain longer than you can, remind him/her of your time limit. It will be helpful if you let the resident know five minutes before you plan to leave, so you can prepare him/her for your leaving, and allow him/her to say whatever he/she have on his/her mind before you leave.

Enjoy talking with these older persons. They have experienced a great deal of living.

Interview

1. Observe the resident and describe the person. Age, sex, mobility, use of aids (hearing, glasses, cane, walker, etc.), skin clarity of speech.

2. Directions for the interview: Tell the residents that you are going to ask them some questions about themselves by having them complete some sentences. You will make some suggestions and then ask the residents if they can add some of their own thoughts and ideas. (If it is apparent to you that the resident cannot do some of these things, even with help, then omit the question.)

Interview (Cont.)

Question 1: First we will talk about the things you are able to do (even with help): I am able to... (suggest: wash my hands and face; comb my hair; feed myself; go for a walk; exercise my arms, my legs...). What other things are you able to do? (Record all answers, including comments made by the resident).

Question 2: Now I will ask you about some of the things you enjoy. Do you enjoy: Remembering the past? Any special incident? Meals, or special clothes (which ones)? Listening to music? Watching TV (any special programs)? Special activities (which ones)? What else do you enjoy?

Question 3: Next, I will ask you something about the social things you do or would like to do. Visit with family or friends (who, when)? Talk with other residents (who)? Activities with other residents? Talk with staff (who)? Write letters (to whom)? Make telephone calls (to whom; how often)? What other things do you do or would like to do with other people?

Question 4: Now that we have talked about these things, I would like to find out what you think are the best things about you (urge the resident not to be shy, encourage the answer).

Question 5: Before I leave, are there any things you would like to tell me that we didn't get a chance to talk about and that would help me to understand you better? Thank the residents for the visit and express how much you enjoyed talking with them.

Clinical Placements for Junior Year Students

Nursing homes will be added to acute and chronic care hospitals as clinical placement sites for junior students enrolled in Medical/Surgical Nursing. These students will learn nursing diagnosis and intervention by spending two days a week for one semester providing total care to carefully selected residents whose consent has been obtained. The students will develop nursing care plans, participate in multi-disciplinary team meetings, and collaborate with the charge nurse and nursing assistants in the provision of care.

Clinical Placements for Senior Year Students

During the grant period, randomly selected seniors in Community/Mental Health Nursing were assigned to long term care facilites for clinical experience. Generic students supervised by a College of Nursing instructor, working closely with the nursing homes' Directors of Nursing and Community Relations, spent two days a week at Long Term Care at Neponset. A second group of R.N. students spent two days a week for a total of two semesters at John Scott and Colonial Nursing and Rehabilitation Centers under the supervision of two facility Staff Development Coordinators. The latter, more in-depth placement, included opportunities for experience in adult day care, homecare, and an elderly housing unit in addition to skilled nursing and intermediate care facilities.

THE NURSING HOME AS A CLINICAL SETTING FOR COMMUNITY AND MENTAL HEALTH NURSING

OBJECTIVES

* Develop a one-to-one relationship with a frail elder resident of the nursing home.

  a. Assess the physical and psychosocial needs of the elderly person.
  b. Plan, implement and evaluate appropriate nursing interventions for this person(s).
  c. Consider the family and community, as appropriate.
  d. Facilitate life review and communication of other kinds.

* Structure the learning experience in the nursing home to meet student learning needs.

  a. Develop objectives based on student interests and learning needs.
  b. Utilize the diversity of resident health, social and phychological problems to develop knowledge and skill (i.e., rehabilitation, post-fracture or stroke, depression, behavior problems, cognitive impairment, sensory and communication disabilities, cardiac or respiratory problems, etc.).

* Develop group and interaction skills.

  a. Establish recreation and other group activities.
  b. Utilize life review and reminiscence.
  c. Develop behavior modification skills for appropriate clients.
  d. Utilize supervision to develop, analyze and evaluate interaction skills.

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THE NURSING HOME AS A CLINICAL SETTING FOR COMMUNITY AND MENTAL HEALTH NURSING

OBJECTIVES (Cont.)

* Develop leadership and organizational skills.

  a. Work with administrative personnel (meetings, accounting, staffing, etc.)
  b. Participate in and develop educational programs for staff.
  c. Participate in overall nursing home functions and function as an organization.
  d. Assess and evaluate nursing home functions and function as an organization.
  e. Develop multi-disciplinary contacts (i.e., pharmacy, dietician, social worker, chaplain, O.T., P.T.) and attend team meetings.

* Assess the nursing home as part of the continuum of care.

  a. Develop links with other agencies.
  b. Evaluate discharge planning and continuing care.
  c. Assess home and family (home visits).
  e. Participate in preventive health programs (i.e., hypertensive screening).

* Evaluate health policy issues in long term care.

  a. Describe rules and regulations (State, Federal, and local).
  b. Analyze reimbursement and funding.
  c. Participate in legislative action.
  d. Analyze ethical issues in the care of the elderly.

* Assess mental health problems of the frail elderly.

  a. Observe, assess and develop interventions to assist residents with mental health problems (confusion, depression, dementia, Alzheimer's disease, aggression, and other behavior problems).

Components of Senior Year Clinical Placement

1. Serving as the primary nurse for a resident during the two days a week spent in the nursing home. The clinical instructors, in collaboration with nursing home staff selected residents expected to benefit from student intervention while also meeting student learning needs in the area of care and management of mental health problems. Residents willing to participate in nursing education gave their written consent; elders expected to have difficulty with termination at the end of the semester were excluded from participation.

   Students assessed the physical and mental status of their residents; planned and evaluated nursing interventions; supervised care provided by nursing assistants; facilitated life review and communication of other kinds; and participated as full members of mult-disciplinary care teams. Students provided some direct physical care in order to facilitate relationships and assess functional abilities.

2. Conducting an agency project assigned on the basis of facility need and student interest. Projects are in the areas of community, education, and therapeutic intervention, all important aspects of the provisions of quality long term care services.

   Among the projects undertaken by students and supervised by volunteer preceptors on the nursing home staff were the following:

   * Staff Development - Under the supervision of the Director of Staff Development, students assisted in teaching basic nursing skills, including orientation and certification programs for nursing assistants. R.N. students prepared CEU programs for licensed staff.

* Quality Assurance - Students attended quality assurance meetings, completed audits and presented findings under the supervision of the Quality Assurance Coordinator.

* Resident Education/Drug Awareness - Working with small groups of residents, students give information regarding medication usage, drug interactions, and side effects.

* Creation of a Buddy System - The Director of Recreation and Volunteers worked with students to develop a resident "buddy" system designed to aid new residents' adjustment to the nursing home environment.

* Socialization and Exercise - Students led socialization and exercise groups, including a karate group for wheelchair-bound residents.

* Intergenerational Programs - Working with the staff of on-site child day care programs, students developed intergenerational activities which brought youngsters and nursing home residents together.

* Music Therapy - In collaboration with the Music Therapist, students coordinated resident participation in music therapy groups for the psychologically impaired. They also observed and recorded residnt responses.

* Community Involvement - Under the supervision of the Director of Community Relations, students explored opportunities for resident involvement in neighborhood service agencies. Higher functioning residents participated as a step towards increased independence and improved self-esteem.

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AGENCY PROJECT OUTLINE

Project Title_____

Mentor/Supervisor_____Position:_____

Project Description_____

This project will involve: (check all applicable)

_____weekly supervision meetings
_____reading or films provided by facility
_____independent research
_____community outreach
_____work 1:1 with residents
_____group work with residents
_____work 1:1 with staff
_____group work with staff

Skill areas to be developed:

_____group leadership
_____teaching/training
_____interviewing
_____advocacy
_____needs assessment
_____data collection and analysis
_____therapeutic intervention
_____other:_____

Requirements for completion:

_____

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Lyn Keithline

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3. Exploring the surrounding community and local service agencies. Students were given the opportunity to visit other service agencies, observe and practice nursing home admission and discharge procedures, make home visits to frail elders, and attend legislative hearings on important health policy issues.

Exploring Local Service Agencies (Examples):

* Kit Clark Senior House

Kit Clark Senior House coordinates support services such as home care, meals and transportation for elders living in the community. The center houses an adult day health program, a small Alzheimer's program, and senior drop-in center.

* Dorchester House Multi-Service Center

Dorchester House provides medical, recreational and social services to Dorchester residents of all ages.

* River Street Detox Center

River Street Detox Center is a 20 bed, state funded program serving alcohol dependent men and women. Patients are admitted for detoxification, the first step in the rehabilitation process, and stay for up to five days.

* Neponset Health Center

Neponset Health Center is one of many community health centers located in the Boston area. In addition to maintaining regular hours for physician visits, the health center provides education, referral and screening services to the Neponset Community.

* Long Island Shelter for the Homeless

The Long Island Shelter serves nearly 400 homeless people of Boston and supplies food, clothing, shelter, and health care referral services.

* Keystone Apartments

The Keystone Apartments, located in a former factory, is a large independent living complex for senior citizens. Residents of Keystone have their own apartment and provide for their needs independently.

The students were encouraged to structure their nursing home experience to meet their own learning needs, taking advantage of the many opportunities available. In addition to attending regular meetings for individual and group supervision, the nurses were required to maintain a daily log of their experiences and to submit a report describing their agency projects. At the conclusion of the nursing home experience, each student also completed a placement evaluation.

PLACEMENT EVALUATION

Note: These evaluations will be kept confidential.

Name:_____Semester/Year_____

Resident Client_____Project_____

I. Please rate your experiences in each of the following areas; and justify with a brief comment.

Placement Site: very good good fair poor
Comment:_____

Staff Interaction: very good good fair poor
Comment:_____

On Site Seminars: very good good fair poor
Comment:_____

Agency visits: very good good fair poor
Comment:_____

II. Comment on your interaction with your resident client. (Include client assignment, relationship, program and termination issues.)

_____

III. Discuss your agency project; include topic, amount and type of supervision, accomplishments, and problem areas.

_____

IV. Has this placement altered your perspective of nursing homes?

_____

V. Additional Comments about this placement.

_____

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SECTION IV

GERONTOLOGICAL NURSING/LONG TERM CARE IN THE GRADUATE (M.S.) NURSING CURRICULUM

Curriculum Overview

The Gerontological Nursing Concentration at the Division of Nursing, University of Massachusetts/Amherst, is intended for the nurse who seeks advanced knowledge and clinical skills in the care of the elderly. Courses focus on the physical, psychological and sociocultural dimensions of caring for the elderly, and the clinical experience provides students with the opportunity for guided practice.

COURSES IN THE GERONTOLOGICAL NURSING CONCENTRATION

Courses Required of All Students		Credits
N603	Theoretical Components of Nursing Science	3
N630	Research Methodology in Nursing	3
N640	Community Health Assessment	3
N645	Health Care Systems and Nursing Practice	3
N698B	Practicum (Field Experience)	6-9
N699	Thesis or N697, Special Topics	3

Gerontological Nursing Courses		
N636B	Advanced Concepts in Clinical Nursing-Gerontology	3
N638	Social and Cultural Aspects of Nursing Practice	3
N648B	Theory Practice - Seminar I	3
N649B	Theory Practice - Seminar II	3
N662	Counseling in Nursing Practice	3
Electives		9-12
Total Credits=		48

UNIVERSITY OF MASSACHUSETTS
School of Health Sciences
Division of Nursing

CLINICAL NURSE SPECIALIST
GERONTOLOGICAL NURSING CONCENTRATION

SAMPLE PROGRAM: GERONTOLOGICAL NURSING

Semester I		Credits
N603	Theoretical Components of Nursing Science	3
N636B	Advanced Concepts in Clinical Nursing-Gerontology	3
N638	Social and Cultural Aspects of Nursing Practice	3
N640	Community Health Assessment	3
		Total = 12

Semester II		Credits
N630	Research Methodology in Nursing	3
N645	Health Care Systems and Nursing Practice	3
N648B	Theory Practice - Seminar I	3
N662	Counseling in Nursing Practice	3
		Total = 12

Semester III		Credits
N649B	Theory Practice - Seminar II	3
Electives		9
		Total = 12

Semester IV		Credits
N698B	Practicum (Field Experience)	6-9
N699	Thesis or N697, Special Topics	3
		Total = 12

UNIVERSITY OF MASSACHUSETTS
School of Health Sciences
Division of Nursing
Course Outline

* Theory Practice Seminar II: Gerontological Nursing.

Rationale and Course Description

This course will be the third in a four course sequence required for students specializing in gerontological nursing. It builds on an understanding of the aging process and health promotion for the non-institutionalized elderly.

The course will focus on the complex problems of chronically ill elderly clients and their families. Current issues in the provision of long term care in various settings will provide the opportunity to test theoretical framework being developed by the student for advanced practice in gerontological nursing.

* Course Objectives

Students will:

1. Develp a theoretical framework for advanced practice as a clinical specialist in gerontological nursing.

2. Demonstrate advanced practice skills in gerontological nursing which reflect ethical and professional standards of practice.

3. Demonstrate accountability to clients and the profession.

4. Examine current issues in long term care including policy, legislative trends and their impact on the elderly and their families.

5. Propose innovation in health care delivery for the elderly.

6. Examine models for evaluation with an emphasis upon quality assurance in long term care.

* Time Allotment

Two hour weekly seminar plus 5 1/2 hours of clinical practice. Some clinical conference time will be taken out of clinical time and may be combined with class time.

* Teaching Methods

Seminar presentations, clinical practicum and clinical conferences.

* Required Textbooks

Dimond, Margaret & Susan Jones (1983). Chronic Illness Across the Life Span. Norwalk, Ct: Appleton-Century-Crofts.

Eustis, N.,; J. Greenberg & S. Patten (1984). Long Term Care for Older Persons: A Policy Perspective Monterey, Ca: Brooks/Cole.

Miller, Judith Fitzgerald (1984). Coping with Chronic Illness: Overcoming Powerlessness. Philadelphia: F. A. Davis Company.

Suggested:

Stefl, Bernita M. (1984). Handbook of Gerontological Nursing. New York: Van Nostrand Rheinhold Co., Inc.

Simonson, William (1984). Medications and the Elderly: A Guide for Promoting Proper Use. Rockville, Md.: Aspen.

* Topical Outline

1. Introduction

   a. Problems and issues in care of the chronically ill elderly (including institutionalization vs. home care).

   b. Theoretical perspectives in chronic care nursing.

2. Advanced Clinical Practice (theory, research & application of both to practice).

   a. Disability.

      1. Functional assessment

      2. Categorization: Implications and Uses

   b. Fostering Independence.

      1. Rehabilitation: Concept and Resources

      2. Patient Rights/Self-Determination

      3. Nursing Care

   c. Issues in nursing care of chronically ill elders as they apply both to institutional and home care settings.

      Examples:
      Confusion; depression; altered mobility; altered bowel/bladder function; chronic pain; impaired social interaction. (These issues will be selected by students. Will be examined from an aggreagate as well as individual perspective and will include recent research, staff education and supervision issues, common relevant organizational problems, policy implications.)

3. Current issues in long term care policy and legislation.

4. Evaluation of long term care, quality assurance.

5. Clinical Specialist in Gerontological Nursing:

   Integrating role components: teaching, consultation, advocacy, intra and interprofessional collaboration, leadership.

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School of Health Sciences
Division of Nursing
Course Outline

* Working with Non-professional Health Care Workers in Long Term Care. (3 hours per week)

* Rationale:

The dramatic increase in the elderly population with an accompanying increase in the health problems associated with aging has increased the need for nurses and other health care workers in long term care. Because of the shortage of nurses available to work in long term care and adequate economic resources to pay the, nurses must extend their services through the use of non-professional health care workers. To maintain quality care, nurses must know how to train, motivate, and supervise these workers to bring out the best of their potential.

* Course Description:

This elective course is designed to help nurses gain competence in working with and supervising non-professional health care workers. It will explore issues from the perspectives of both workers and management and plan strategies that will meet the needs of both with the ultimate goal of improving patient care.

* Course Objectives:

1. Identify and analyze current issues in recruitment and retention of non-professional workers.

2. Examination of the characteristics and perspectives of workers.

3. Exploration of theories of work satisfaction and their application to the long term care setting.

4. Review and evaluate current legislation regulating non-professional workers in long term care settings.

5. Analyze issues in collective bargaining.

6. Analyze, in terms of applicability to the long term care setting, the research on management strategies which enhance worker motivation and performance.

* Required Textbooks and Film:

Halbur, Bernice T. (1982) Turnover Among Nursing Personnel in Nursing Homes. Ann Arbor: UMI Research Press.

Hogstel, Mildred O. (1983) Management of Personnel in Long Term Care. Bowie, MD: Robert J. Brady Co.

Film: Seven Days a Week (Terra Nova Films, Inc.)

* Topical Outline

1. Introduction and course overview. Employment issues in long term care.

2. Opportunity: supply and demand. Recruitment and turnover.

3. Work satisfaction research. Application to long term care.

4. Managerial climate/expertise. Research on management strategies which enhance worker motivation and performance. Creative incentives.

5. The relationship between workers and clients.

6. Staff development and training: Legal requirements; philosophy and goals; cost effectiveness.

7. Staff development and training: The adult learner in a non-academic setting. Selection and development of materials.

8. Legal regulation of nursing homes and workers; Issues in discipline of workers.

9. Issues in collective bargaining.

10. Interpersonal relations. Race, ethnicity, and class differences as elements of conflict.

SECTION V

GRADUATE CLINICAL PLACEMENTS
Clinical Project
Development of a Resource Packet

UNIVERSITY OF MASSACHUSETTS
School of Health Sciences
Division of Nursing

The rationale for this assignment is that as a clinical resource person you will be expected to provide a variety of up-to-date learning materials and experiences for various levels of nursing staff. This project will give you experience in developing and packaging these materials into an appropriate and useful format. The packet itself should be develped at the level of a clinical specialist. You should select a clinical nursing problem relevant to chronic/long term care and investigate it thoroughly. It will facilitate your work if you select a problem that is present in the agency where yo are having your clinical experience so that you can actually implement at least part of your recommendations. Your resource packet should be designed based on the orgainzation of a particular agency (but with broader applicability in mind). The following may be used as an outline to guide in its development:

I. Condition/Nursing Diagnosis(es)

II. Description of the Condition:

Etiology, symptoms, progression, prognosis, epidemiology, social and psychological implications, medical intervention (brief), pharmacotherapeutics, other.

III. Recommended Nursing Care:

Research/clinical trials/demonstration models

Tools for dagnosis or evaluation

Unanswered research questions

Other approaches

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IV. Administrative Considerations:

Management of groups of patients protocols

Role responsibilities: assessment
planning
intervention
evaluation

Supervisory issues: reporting
accountability

Staff education: adminstrators/supervisors
staff nurses
aides
(identify available resources and develop additional learning experiences as needed).

V. Policy Considerations:

Institution or agency
Professional groups
Consumer organizations
Government

VI. References

THIS PROJECT SHOULD BE TYPED ON PAPER SUITABLE FOR A THREE-RING NOTEBOOK. COPIES WILL BE REPRODUCED AND SHARED WITH CLASSMATES.

SECTION VI

RESOLVING PROBLEMS

Our affiliations with the nursing homes were judged successful by students, faculty, nursing home residents and staff, all of whom have indicated that grant activities should continue and other cooperative ventures be explored. On-going communication was able to resolve problems such as:

* Nursing assistants and other nursing home staff were disappointed to find that the presence of students did not ease the day-to-day burdens of resident care. At first, some staff were also concerned that "their" residents might not be cared for properly by strangers.

* Turf issues surfaced as students took on new responsibilities and programs.

* Students with advanced degrees and long nursing experience were perceived as threatening by some nursing home staff.

The Preceptor Role

Prior to this project, The Division of Nursing at the University of Massachusetts/Amherst chose not to use the nursing home for Graduate Clinical Experiences because of a lack of qualified role models educated at the masters level to serve as preceptors. This shortage is especially acute because this graduate program is located in the Western part of the State where there are even fewer nurses with baccalaureate and higher degrees than in the Boston Area, and those that exist are not likely to be employed in long term care facilities.

As a result of this project, it was decided that graduate students do not always need a Clinical Nurse Specialist (CNS) on site in order to have a constructive clinical experience in a nursing home setting. While the CNS hired by the grant was valuable to this project in working out the relationships with the agency and in identifying appropriate learning activities, she actually did very little one-on-one supervision of the student. Because of the close collaboration that necessarily developed with staff, nursing administrators helped to fill this role. As a result, it is felt that we can continue the nursing home assignment for graduate students after the grant is over even though our budget will not allow us to hire additional clinical specialists.

The preceptor role, however, is essential in both graduate and undergraduate education. This person may be selected from nurses in the agency, usually a nurse administrator, who can offer them support and guidance in their work. She would help the student to understand internal policies and procedures and would serve as an official link to the medical and nursing staff.

Evaluation of student performance is carried out collaboratively as well, with one or more persons who has served in the "preceptor role" being invited to complete an evaluation and attend an evaluation conference. For academic reasons, the faculty person must maintain final authority for determination of the grade, but certainly taking strong account of the evaluation done by the agency personnel.

The student assigned to an agency without a masters prepared CNS to serve as preceptor would also need to work more closely with a faculty member who is qualified in gerontological nursing and who understands the process of role development. This experience would require several on-site meetings between the faculty member and the student and staff for the purpose of agreeing upon, implementing and evaluating the objectives of the experience. Additional time would have to be planned for the faculty member to review the plans and progress of the student through conferences and written work, although this need not necessarily take place in the agency.

SECTION VI

IMPACT OF CLINICAL PLACEMENTS

The period of our 22-month grant was obviously too brief for us to assess whether our interventions had a long term effect on student attitudes or an impact on future employment. However, face-to-face interviews, the logs kept by students, and questionnaires administered before and after the nursing home placements all indicate that our efforts were a step in the right direction. The students generally enjoyed and felt they benefitted from the nursing home experience, and there was evidence of at least short term attitudinal change and perhaps career choice as well.

The responses of sophomore students to the introductory resident interviews were very positive:

> "Mary L. is not what you'd really call a 'sweet old lady'...she can be crusty, difficult, and obstinate. She always has pain, but she does not whine...She took care of herself all her life, ran a farm mostly by herself, and much of that spirit still remains. Speaking for myself ...I am awed when I see who she really is and what she's been through."

> "I was nervous about going to a nursing home, as I have heard so many awful things about them... when I met Mrs. J., I saw she had many strengths: her charming and gentle personality, her ability to entertain herself during leisure time, and her ability to participate in decisions regarding her care...I believe she and I were surprised at all the things she can do and enjoy."

At the outset, some of the senior students in Community/Mental Health Nursing were not sure that a nursing home was an appropriate place to learn needed skills at their level. A few said they would have preferred an inpatient psychiatric setting with a more clear mental health focus.

After completing the nursing home placement, the same students responded to interview questions as follows:

> "I expected to be bored and depressed. I was interested and involved and very busy and far from depressed."

> "This was my first experience working with the elderly outside of an acute care setting. I have good feelings about the entire experience and wouldn't have missed it."

> "I wondered if I learned anything new since I've been an R.N. for 20 years. But I liked the support and ability to pursue ideas, the exposure to home care, discharge planning and I think I feel more positive towards elderly patients."

> "The most useful were the groups for stroke patients, in-house and out-patients. I learned, in my research and preparation for these groups, a great deal about stroke and its aftermath. Although I have been a nurse for 33 years, worked in a coronary unit and dealt with stroke patients over the years, this gave me a lot of new insights."

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For both R.N.'s and other undergraduate students, the understanding of the elderly person and the relationship established was of primary importance:

> "My only exposure to nursing homes was a brief visit to see my great aunt when I was 9...when my father and I walked in, I gasped at the smell...the lighting was dim...old people were everywhere, stepping out of the darkness, frightening me. Men and women slumped over in wheelchairs lining the hallway and as I walked by, they tried to touch me. Some were yelling or crying...to the 'nice little girl' to come closer. I remember burying my face in my father's black coat.
>
> My father is now 76 and when I told him where my clinical experience would be, he asked me whose coat I was going to hide in now. What can I accomplish here?...These people have nothing to look forward to...No one loves them or cares about them...
>
> They are dumped here until they die. I vowed I would never put him in a place like this. Then...something I did not expect happened...I was introduced to my patient."

"Bill reminds me of one of my sons, in that he wants my undivided attention all of the time. He tells me he misses me when I go for coffee. I'm really becoming attached to him... I even kissed him goodbye (meeting)."

"I love to see M.'s face when he spots me in the hallway...he just beams. For that, he always gets a hug...Today M. was covered with feces--even the blanket. One look at him and my response was 'don't move'--his response was to break into gales of laughter. I told him just one more day--he began to cry again and said, 'I'm going to miss you'. I told M. I would come and visit him over the summer... M. fulfilled each of the goals and more...Maybe all he needed was to have someone's undivided attention. The staff...has become more patient with him since they learned he is capable of doing things for himself.

"It bothered me...to see these elderly that are disoriented, some yell, others sit in silence...like a blank slate with nothing inside. Yet, when you talk about their past...you find rich, productive, hard lives...It is rare in the hospital that I ever have the time to sit with a client and actually listen."

Students in all groups were impressed at the range of activities possible in a nursing home setting:

> "It is difficult to develop a tool for data collection in quality assurance. Developing something which looks as simple as a restorative feeding plan tool for assessment is very complex...It's all so new and abstract, like a computer program, small baby steps for the accomplishment of some task in a specified logical sequence... I've never learned to do this anywhere."

> "I was very apprehensive, having never worked in a nursing home. It is so different. The day with the nurse practitioner at the facility opened my eyes. She has enormous responsibility and performs a vital function. She is a strong link between staff, residents and physcian. Now I am interested in becoming a geriatric nurse clinician."

> "Visiting home care was impressive. There is so much teaching and reinforcement...NOT hit and run-- People in their 90's in their own homes, talking about their families. The care is complex and can include hyperalimentation and dialysis. In five of the six, we visited the family, not just the patient. I can understand the importance of starting the discharge plans for each patient, the day they come to the hospital. The nurses are sharp, knowledgeable. The interdisciplinary meeting is super, exchanging and expressing ideas. I think I can take something from this setting to my work in acute care."

Other Benefits of Participation

* Student involvement enabled the nursing homes to enhance existing resident programs and to develop new ones. Residents received extra time and attention from the students and were generally pleased and proud to assist in educating nurses for the future. The nursing students also brought more of the outside world into the nursing home, making it a more open, less isolated community in which to live.

* College of Nursing faculty and students became acquainted with the varied and challenging aspects of the nursing role in long term care. They developed an appreciation of the complexity of resident needs and of the key position held by nursing within long term care institutions. The students also acquired knowledge and skills in the care of frail elders.

* Nursing home staff morale was increased by the visibility, recognition, and sense of being in the health care delivery mainstream that came with project participation. Nursing assistants and other staff learned from observing student teaching and came to enjoy sharing their knowledge of the residents with the newcomers.

* The clinical resource packet prepared by the gerontological nursing graduate student demonstrated a program of skin care that improved resident well-being, and enhanced the status of nursing at the long term care facility.

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RECOMMENDED CURRICULUM GUIDES

Burnside, I. (1984) Working With The Elderly: Group Process and Techniques. Monterey, Ca., Wadsworth Health Sciences Divsion, 2nd Ed.

An excellent clinical guide for leaders of groups for the elderly. It includes an overview of types of groups, a theoretical framework of group work, and suggestions for working with elderly persons who are cognitively impaired. The guide describes "how to" run a group using innovative approaches.

Shine, M. S.; Kopac, C. A. (1982) Gerontological Nursing: a Current Guide for Registered Nurses in Long Term Care Facilities

American Health Care Association
1200 15th St. NW
Washington, D.C. 20005
202-833-2050

A clearly written comprehensive manual which addresses psychosocial and physiological dimensions of elder care. The units include basic information on normal aging and an overview of aging issues, pyschosocial concerns, nursing care of problems in mobility, respiration, cardiac function, elimination, nervous and endocrine problems. Nutrition, fluid and electrolyte balance, hygine, sensory deficits, sexuality, medication and drug administration are also covered. There is an overview of basic nursing procedures. The bibliography at the end of each unit includes suggestions for audiovisual materials.

(1988) NAMEE: Nursing Assesment and Management of the Frail Elder

Division of Continuing Education
University of Kansas
School of Nursing
Station 6
39th & Rainbow Blvd.
Kansas City, Kansas 66103

Eight learning modules focus on functional assessment and care management of the frail elderly. There is a clinical component as well as a curriculum content written in an outline form.

(1983) Geriatric Educational Program for Nurses.

National Technical Information Servides
Department of Commerce
5285 Port Royal Road
Springfield, Va. 22161

A comprehensive geriatric curriculum. A 113 hour program to prepare professional nurses to: a. provide care b. educate staff c. administer and manage health care for aged population. Six volumes are participant manuals; two are facilitator manuals.